MISSISSIPPI ANIMAL DISASTER RELIEF FUND









LEAVE BLANK-for MVMA use only	
Date received:	
Amount and	\$
Date awarded:	
New Applicant:	Yes 🗌 No 🗌

DISASTER RELIEF APPLICATION FORM		
Directions: Fill out the application as completely as possible. The front and back of the form must be filled out to receive consideration by the MADRF committee.		
1. DISASTER EVENT (NAME OR TYPE, AND DATE)		
2. Today's date		
3. APPLICANT INFORMATION		
3a. This application is submitted on behalf of a: ☐Private individual ☐Veterinarian ☐Busines	s Other:	
3b. NAME (Last, first, middle)		
3c. Permanent residence information (Street, city, state, zip code)	3d. Alternate address where to send check (Name, street, city, state, zip code)	
3e. Name as it should appear on the check		
3f. Telephone:	3g. Telephone (alternate):	
FAX number:	FAX number:	
Cell phone:	Cell phone:	
Email:	Email:	
4a. AMOUNT REQUESTED \$	4b. AMOUNT NEEDED \$	
am aware that any false, fictitious, or fraudulent sta penalties. I agree to accept responsibility for provide	n are true, complete and accurate to the best of my knowledge. I tements or claims may subject me to criminal, civil or administrative ding any personal reports or updates if a grant is awarded as a thas not been received or requested from any other source for	

services or goods listed for reimbursement, including insurance claims.

Signature of Person Named in 3a. ("Per" signature not acceptable)

Date

You will be notified of your award by the Mississippi Animal Disaster Relief Committee no longer than 30 days of receipt of the application by the committee. You may contact the Mississippi Veterinary Medical Association with any questions at 662-323-5057 or msvetmed@gmail.com.

Please provide a short narrative explaining your personal situation in the space below. Include information related to your residence, employment, and insurance situation as applicable. Type or write legibly so the reviewers can fully appreciate your situation.	
You may attach receipts, photographs, and/or other documentation to support your request. Please note that information provided is subject to confirmation by the MADRF committee.	
Please remit application to: MS Animal Disaster Relief Fund c/o The MS Veterinary Medical Association	
PO Box 395 Clinton, MS 39060 662-323-5057 (phone) 877-872-3731 (fax) msvetmed@gmail.com	
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